

Foster Family Home - Corrective Action Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-6

91-812 Aaha Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 10/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/28/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RW

Compliance Manager

10/28/19

Date

Elizabeth J. Soriano

Primary Care Giver

10/28/19

Date